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## \*B|BDATASHEET\*

**CONFIRMATION NO. 3549**

## Bib Data Sheet

SERIAL NUMBER 09/516,078	FILING OR 371(c) DATE 03/01/2000 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 45061-8
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## APPLICANTS

Zsolt Istvan Hertelendy, Pharm.D., Ph.D., Cincinnati, OH;  
Murray Weiner, M.D., Cincinnati, OH;  
Michael Howell, Phd, Cincinnati, OH;  
Joseph Thomas, Hebron, KY;  
ZSOLT W. HERTELENDY, CINCINNATI, OH;

**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

05/04/2008	Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____	STATE OR COUNTRY OH	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 6
	Examiner's Signature _____ Initials _____				

**ADDRESS**

23280

**TITLE**

#### **Urogenital or anorectal transmucosal vaccine delivery system**

<b>FILING FEE RECEIVED</b> 714	<p>FEES: Authority has been given in Paper          No. _____ to charge/credit DEPOSIT ACCOUNT          No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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